ADDENDUM #7
To
Open Enrollment

For

HHS0016482
Medical Transportation Services Demand Response Transportation Services
Medicaid and CHIP Services
Managed Care Contracts and Oversight

Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

Addendum 7 09/23/2026			
Item	**Open Enrollment Reference**	**Previous Language**	**Revised Language**
1.	SECTION 3. DEFINITIONS AND ACRONYMS	N/A	Adding the following definition: Payment – has the meaning assigned by Texas Government Code 2251.
2.	8.25 INVOICE REQUIREMENTS AND PAYMENT	N/A	Adding the following new section: 8.25.3 ECONOMIC IMPACT PAYMENT Contractor will be reimbursed an additional $36.28 beginning October 1, 2026, per one-way paid trip regardless of the number of passengers transported and associated rate modifier. The amount of the Economic Impact Payment (EIP) is subject to change at HHSC's sole discretion. Payment terms in OE Section 8.25.2 are applicable to this section. 8.25.3.1 To receive the EIP, Contractor must submit an invoice to HHSC in compliance with 34 Texas Administrative Code, § 20.487, Invoicing Standards, to include: • TMTS Authorization Number

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Item	**Open Enrollment Reference**	**Previous Language**	**Revised Language**
			• Claims Administrator Internal Control Number • Date of Service • Total EIP claimed 8.25.3.2 Contractor must include the following attestation on their invoice: "Non-emergency medical transportation services provided in accordance with HUMAN RES CODE, Chapter 32, and the General Appropriations Act of the 89th Legislature. Transportation TITLE XIX payments. I understand that payment of this claim is from federal and state funds, and that any falsification, or concealment of material fact, may be prosecuted under federal and state laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief."

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Item	**Open Enrollment Reference**	**Previous Language**	**Revised Language**
			Contractor must request payment from HHSC by submitting a valid signed and dated invoice by secure email to HHSCProvFolio@hhs.texas.gov no later than 95 days from the date of service. The resulting payment will be issued through the Texas Comptroller of Public Accounts.